

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5/29/2014

Street: Park and Main Streets

Incident #: 14ISPC004459

Apt, Lot, Room #:

County: Knox

City: Bicknell

## Type of Laboratory Seizure (check one)

- ☐ Lab Seizure  
☒ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside  
or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been  
occurring: 2-3 hours  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: Bradley Graves  
VIN: KL1TD666X8B275060  
Year: 2008

Make: Chevy  
Model: Aveo  
Color: Gray

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Bicknell VFD Fax: 812-735-4433  
Health Department County: Knox Co. HD Fax: 812-882-5625  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Paul Stolz Phone 812-867-2079

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.